

**SAMPLE NOTIFICATION MEMORANDUM TO SOLDIERS OF COMMANDER'S
DETERMINATION OF ELIGIBILITY REGARDING SPECIAL COMPENSATION FOR
ASSISTANCE WITH ACTIVITIES OF DAILY LIVING (SCAADL)**

COMMANDER'S OFFICIAL LETTERHEAD

OFFICE SYMBOL _____

DATE SIGNED _____

MEMORANDUM FOR _____

SUBJECT: Decision on Application for Special Compensation for Assistance with Activities of Daily Living (SCAADL)

1. I have reviewed your application for SCAADL. Your application is:

☐ Approved and you are eligible for SCAADL payments. Given that you live in Zip Code _____, and have been determined to need personal caregiver assistance at the Tier _____ level, you are eligible for monthly compensation of \$_____. The effective start date for payment of this compensation is _____. A copy of the payment computation derived from the U.S. Department of Veterans Affairs (VA) Stipend Inquiry Calculator is at enclosure 1. The Calculator is disseminated by the Department of Defense and is available online at [www. _____](http://www.va.gov).

a. You are reminded that you have a continuing requirement to designate a Primary caregiver to provide nonmedical care, support and assistance with activities of daily living and to keep the caregiver's contact information updated with the command. Your primary caregiver may not be another military member.

b. Your eligibility for SCAADL expires on the earlier of the following:

(1) the last day of the month during which a 90-day period ends that begins on the date of your separation, retirement or death;

(2) the last day of the month during which a licensed physician determines that you are no longer afflicted with the catastrophic injury or illness; no longer required hospitalization, nursing home care or other residential institutional care absent assistance; or no longer an outpatient. You are not entitled to SCAADL if you have not met with a physician but are no longer afflicted with a catastrophic illness or injury; no longer require hospitalization, nursing home care or other residential institutional care absent assistance; or no longer an outpatient; or

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(3) the last day of the month preceding the month during which you begin receiving a monthly aid and attendance allowance from the VA.

c. I will determine your continued eligibility for SCAADL benefits and whether your level of benefits remains appropriate every 180 days, or earlier should your medical condition or circumstances changes or you relocate.

☐ Denied for the following reasons:

2. A complete copy of your SCAADL application is at enclosure 2.

3. If you disagree with this decision for any reason, including the Tier level assigned to you or the amount of monthly compensation you are entitled to, you may appeal. You must submit your appeal request to me in writing, and the request must state the reasons for you appeal. You appeal will be forwarded to _____ for decision.

4. I am available to answer any questions you may have.

Name of Commander of Warrior Transition
Unit/Community Care Unit

Enclosures